Health Workforce Diversity Network meeting -- June 11, 2002

<u>Present</u>:
Judy Huntington, WSNA
Charles Weatherby, WSMA
Vickie Ybarra, WSBOH & YVFWC
Bryan Wilson, WTECB
Teresa Stone, OSPI
Sue Skillman, UW WWAMI CHWS
Pam Hayes, DOH
Sam Clayton, NWRPCA
Talibah Chiku, NWRPCA
Kris Hildebrandt, GHF
Dianne Riter, WDF
Kim Moore, UW student
Rhonda Coats, SBCTC
Terry Tatko, WW AHEC
Kathy McVay, DOH
Steve Melzer, E WA AHEC
Sarena Seifer, CCPH
Christine Edgar, UW SPH
Vince Schueler, DOH
Ngozi Oleru, WSALPHO & PH-SKC
Christine Guillen Cook, TPCHD
Katherine Sanders, WHF
Marianne Seifert, WSBOH
Bronwynne Evans, WSU, on the phone

<u>Introductions & review of agenda</u>

<u>Review of Health Career Pipeline Workgroup progress by Rhonda Coats</u>
- In order to identify pipeline program gaps and goals, and to think about how to develop health careers pipeline, the group decided to identify geographical regions and survey pipeline programs available by geographic region. The Educational Service Districts or the Workforce Development Council regions will be used to identify geographical boundaries. The survey will be drafted in July, and available in August, for review at the Pipeline workgroup's August 6 meeting.
- There was discussion about the survey focusing on programs that target people of color, and programs that end up serving people of color due to their location or other factors.
- Members of the network will use their contacts with different organizations to send out information about the survey and encourage program staff to complete the survey.
- Contacts from the SBOH pipeline program matrix will also be used.

Judy: some programs need to improve their diversity.

"Editor's" Note: perhaps all pipeline programs should ideally complete the survey to identify programs that need to improve their diversity. The HWDN can then encourage the programs to improve their diversity, and offer assistance?

Ngozi reviewed changing the group's name from Health Care Workforce Diversity Network to Health Workforce Diversity Network to include the public health workforce.

Christine Guillen Cook added that "health-related careers" could be used instead of "health care careers" in the survey to include the public health workforce.

Steve gave update and handout on Eastern WA Project HOPE, which has 52 students. Terry has information on the Western WA Project HOPE students in her office.

Review of "Show Me the Money" workgroup – Sarena Seifer

Sarena reviewed the group's goals:
1. Interested in developing a web-based resource
2. Assess and respond to grant-writing needs of the group and members of group
3. Identify promising funding sources

Sarena reviewed the RWJ RFP, and that "removing cultural and economic barriers" might be an appropriate area to focus on for HWDN. The concept paper deadline is August 6, and proposals are due in September. She reviewed Vickie's questions regarding use of the RWJ grant to forward the group's goals, and suggested the possibility of looking at the SBOH recommendations and the Washington Health Foundation's health disparities initiative, and coming up with more explicit program guidelines, a conference, and/or training & technical assistance.

Kathy: the data collection recommendation might be appropriate, and it would be good to show the legislature that we found.

Judy: there are several aspects to data -- it's poor regarding the health workforce itself, where they work, etc, and resources available to the state. There has been difficulty in establishing common data elements.

Sarena asked for network guidance for the committee, and if this is something we should go for, what the priorities should be, and for ideas about matching funds and resources.

Vickie: at some point we'll have to come up with plan and priorities.

Rhonda: once gaps are identified through the pipeline survey, the "Show me the money" committee can work on seed money for promoting best practices.

Pam: there is a need for collaboration and communication, coordination of efforts, the ability to institutionalize the network. A statewide website like the one we just saw would be useful to connect people to efforts and programs. For example, there's lots of federal money to fund education – a network website could help connect students to health training programs, and money to fund their training.

Kris liked the idea of following up on the Board's report, on recommendation #2, "establish guidelines for health career development programs" and discussed her brainstorm handout.

Sarena: what would be the outcome, sustainable?

Kris: it would raise interest in the fundraising community and raise standards of programs, and evaluation would lead to more data. It would need a commitment from the group to commit to fundraising and .75 FTE to coordinate efforts. It's doable, and not risky with RWJ Foundation.

Katherine asked if local communities would do some of their own fundraising?

Kris wasn't sure.

Vickie: this would accomplish short-term wins, help fledgling programs, and institutionalize program guidelines. By rallying local funders it would help sustain local efforts. It would raise standards and target gaps.

Teresa: there are many standards in OSPI -- this could use existing agencies and education funding to develop sustainability. There's a need for pilot money to get things going. We can work on the prevention piece by focusing on school nursing. Teresa will talk with others in OSPI.

Sarena: we should add some money for gathering of grantees.

Teresa: we could tie in the 5 OSPI summer institutes for health career development -- there's already 2 days on health-related areas in the institutes.   They could be used as a system to coordinate communication.

Ngozi asked for a definition of "program."

Kris: I'm thinking about community agencies that work with high school and community college students to build their skills.

Sarena: we could use some money to link programs.

Judy: some programs dead-end – it's important to tie them into the rest of the pipeline.

Sarena will set up the next "Show me the money" meeting to work on the RWJ RFP and email out the meeting schedule.

<u>Review of the Health Workforce Enumeration workgroup meeting notes – Vince</u>

- The rural tracking system software is 70-75% done, and data collection is at 30% -- they should have partial data in the fall.

- DOH is looking at data needs within DOH -- a work group will make recommendations to the DOH senior management team about the same time as the Workforce Training Board makes its report to the legislature..

- At the next enumeration meeting the workgroup will review the DOH "guidelines for using racial and ethnic groups in data analysis" and make recommendations about categories.

Vickie asked if anyone is working with professional associations to get their support for data collection?

Vince: views ranged from strongly supportive to concerns about how data would be used and where it would be housed.

Vickie asked how should we formalize getting the support of the professional associations?

Pam: a process to address workforce shortages is included in DOH efforts.

Vince: opposition to HPRP (past DOH data collection) was due to other issues such as scope of practice politics and alienated professions.

Sue: with a survey that is clear in scope there should be no problems.

Judy: things have changed, also – the shortage has crystallized that we don't have good data. Data elements were antiquated and not useful for developing strategies, analyzing needs. How data will be used, who has access to data, and where it is housed have an impact on the ability to do secondary analysis. There's a greater understanding and willingness for professions to work collaboratively. There is a summit to develop strategies this summer that everyone on the roster will be invited to. The climate is different now.

Dr. Weatherby isn't sure about data for the medical association members.

Judy: we at the associations can help members understand how useful the information is.

Bryan asked about the use of census categories for collecting race and ethnicity data.

Christine G-C: the census categories seriously underrepresented Latinos.

Vince: the goal is consistency in use of categories.

Vickie: the professions not being supportive might be a perceived barrier, and not an actual barrier. Might the professions make a statement to DOH in support of enumeration via DOH licensing?

Judy: this will come out at the July 19 health care summit, at the SeaTac Marriott. There's a perception from the professions that the state isn't interested in collecting data, and that the legislature hasn't been interested in funding it. The data elements weren't sufficient in past efforts.

Vickie asked how to get support from the professional associations?

Charles suggested working with the WSMA executive committee.

Judy suggested writing a letter to the professional associations to get support.

Dianne suggested looking beyond the nursing and medical professions.

Sue: UW CHWS and WSHA received a grant to collect some data, but that it won't institutionalize data collection.

Ngozi asked about linking efforts with PHIP?

Sue: there are no PHIP resources to do enumeration.

Ngozi expressed a concern about coordination of projects.

Sue: the survey of nurses would include public health and mental health nurses.

Judy: hopefully efforts will intersect and not duplicate!

Vickie reviewed the Tri-County WDC website (www.cw1stop.org/hcc/index.html) The data may be outdated -- the web site is a year old, and it was worked on for 9 months before it went up.

Steve: there's a link to the WDC site on our organization's web site.

Steve mentioned the Health Care Personnel Shortage Task Force meeting this summer, and that he is working on workforce shortage issues in Spokane also.

Bryan: July 2 is the first task force meeting, and it will report to the legislature in December. The legislature asked the task force to focus on recruitment, and

recruitment of diverse populations.   He has made the leaders aware of this group, and doesn't want to duplicate efforts – you're the experts. The task force is dividing into committees, and will ask this group to represent the diversity committee. The task force will need recommendations this fall, however. He will coordinate with HWDN chairs and staff.

Steve asked how close is our group with the task force agenda?

Bryan: the task force doesn't have an agenda -- the legislature directive was to focus on recruitment.

Steve asked if this group's recommendations would carry the weight of the task force?

Bryan: policy and budget recommendations will be part of the report to the legislature

Judy: another issue is the brick wall in terms of number of funded slots in community colleges.   The ratio of faculty to student is much higher for health professions' programs.   Economic orientation of hiring tends to be focused on programs with a lower ratio, for greater tuition income.   The "faucet is backed up" – students are waiting to get into programs.

Bryan: the task force will be focusing on the capacity of programs.

Judy: the WSNA is working on legislation to solve this problem.

Bryan: 6 local Workforce Development Councils have been funded, and what's been learned from the skill panels will feed into the state task force.   The funding announcement should be made today.

Judy asked Bryan to let us know how we can feed in to task force in a meaningful way.

NEXT MEETING:
September 10, 12-3pm – DOH Kent conference room #1 – bring your lunch.

The network delegated endorsement of this body to the "Show me the money" workgroup for grant-writing purposes.